

**St. Teresa of Avila
Religious Education Registration
2022-2023**

Today's Date _____

Family Name (Last) _____

Address _____
Street City State Zip

Primary Phone _____ Email _____

When sending mail, please address to (please circle): Mr. & Mrs. Mr. Mrs. Miss Ms.

Mother's Name _____ Last First M.I. Maiden
Religion _____ Parish registered at _____
Place of Employment _____ Cell Phone _____
Marital Status: Married _____ Single _____ Divorced _____ Widow _____

Father's Name _____ Last First M.I.
Religion _____ Parish registered at _____
Place of Employment _____ Cell Phone _____
Marital Status: Married _____ Single _____ Divorced _____ Widow _____

In case of emergency when a parent cannot be reached, call:

Name _____ Phone _____

Address _____

Relationship to child _____

Please indicate if you would be willing to volunteer your assistance:

() Substitute Teacher (grade level: _____)

() Hall Monitor _____

For office use only: Registration Fee _____ Cash _____

Date payment received _____ Check # _____

Individual Student Information

Student #1

Name _____
Last First M.I.

Date of birth _____ () Male () Female

Registering for (choose one)

() Sundays 9:00 am -10:00 am Grade (circle): K, 1, 2, 3, 4, 5, 6

OR

() Sundays 11:15 am -12:30 pm Grade (circle): 7, 8, 9, 10, 11

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending public school _____ Grade _____

Parish where student last attended Religious Education Classes: _____

Student #2

Name _____
Last First M.I.

Date of birth _____ () Male () Female

Registering for (choose one)

() Sundays 9:00 am -10:00 am Grade (circle): K, 1, 2, 3, 4, 5, 6

OR

() Sundays 11:15 am -12:30 pm Grade (circle): 7, 8, 9, 10, 11

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending public school _____ Grade _____

Parish where student last attended Religious Education Classes: _____

Student #3

Name _____
Last First M.I.

Date of birth _____ () Male () Female

Registering for (choose one)

() Sundays 9:00 am -10:00 am Grade (circle): K, 1, 2, 3, 4, 5, 6

OR

() Sundays 11:15 am -12:30 pm Grade (circle): 7, 8, 9, 10, 11

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending public school _____ Grade _____

Parish where student last attended Religious Education Classes: _____

Student #4

Name _____
Last First M.I.

Date of birth _____ () Male () Female

Registering for (choose one)

() Sundays 9:00 am -10:00 am Grade (circle): K, 1, 2, 3, 4, 5, 6

OR

() Sundays 11:15 am -12:30 pm Grade (circle): 7, 8, 9, 10, 11

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending public school _____ Grade _____

Parish where student last attended Religious Education Classes: _____